File with: lowa Ethics and Campaign
Disclosure Board



CAMPAIGN CALLS OF UPS DE

510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	vs, see back of form 2 SUMMARY PAGE	997 667 	åli 8: 20
	ne same as on Statement of Orga	anization)		
LULUDUR	FOR HLDER	CHAN	DR-2	2 DISCLOSURE
IMPORTANT Indicate by # type	e of committee you are reporting for:	DAC / 2 \State Party	(Rev. 07/	2007) REPORT
1 4 \Ctatewide/Legislative/Judge	Standing to Meterinou congress /	Control Pound or Other Political	For Office	Use Only
Subdivision Candidate (5) COU	inty PAC (9) City PAC (10) School	Board or Other Political Subdivision PAC	Comm. #	
11) Local Ball of Issue			Logged In	
CANDIDATE COMMITTEES	5 ONLY:	Political Party (if applicable)		
Candidate Name	your_			
DALL CITY	-,000	District (if Senate or House)	Audited	
Office Sought ALLERMA	N		_	
Late reports are subject to pos	taxles _	Pursuant to lowa Code sections 68B.32/	A(7) and 68A.4016	3), the candidate, for a DATE SIGNED
SIGNATURE OF PERSON	FILING REPORT	TELEPHONE		
/ .	1/04	REPORT FOR (1) ELECTION	ı //2\NON-FI FC	TION YEAR.
I AM FILING A 10/2	4107	REPORT FOR (1) ELECTION Indicate by	* 7	
•	(report date)			
CHECK IF AMENDMENT	T TO REPORT DATED		1 1 1	s, enter Date of Election
Constitution in final /term	nination) report and attach Notice se to file reports until a DR-3 is fil	e of Dissolution Form DR-3.	County & Local County & Local County & COTT	Committees, enter County in held
STATE	EMENT OF CASH ON HA	ND		
cash on hand at the be- committee. This of the last reporting	ginning of the reporting period. (amount MUST be the same as the ng period or must be zero if this i	he cash on hand at the end s first report filed.)	\$	150.49
ADD TOTAL MO	NEY TAKEN IN THIS PERIOD			14057
Schedule A: Cas	sh Contributions total (Attach Sch	nedule A) (*also see in-kind below)		15.00
Cahadula E: 102	ons Received total (Attach Sched	ule F)	<u>-</u>	-0-
Schedule H: Tot	tal Sales of Campaign Property (Attach Schedule H)		
(Schedu	ule H applies to Candidates' C	ommittees Only) SUB-TOTAL.		296.06
SURTRACT TO	TAL MONEY SPENT THIS PER	IOD		-() -
Schodula B. Evi	TAL MONEY SPENT THIS PER penditures total (Attach Schedule	e B) (**also see debts and loans belo	w)	<u>-0-</u>
Schodula B. Evi	nenditures total (Attach Schedule	e B) (**also see debts and loans belo	w)	- <i>O</i> -
Schedule B: Exp	penditures total (Attach Schedule an Repayments total (Attach Sch	e B) (**also see debts and loans belowed the B)		-0- -0- 296.06
Schedule B: Exp Schedule F: Los CASH ON HAND at the e	penditures total (Attach Schedule an Repayments total (Attach Sch and of this reporting period (If fina	e B) (**also see debts and loans belowedule F)	\$	-0- -0- 296.06 40,00
Schedule B: EXI Schedule F: Los CASH ON HAND at the e	penditures total (Attach Schedule an Repayments total (Attach Sch and of this reporting period (If fina Schedule D - Attach Schedule D)	e B) (**also see debts and loans belowedule F)	s <u>.</u>	-0- -0- 296.06 40.00 -0-
Schedule B: EXI Schedule F: Los CASH ON HAND at the e	penditures total (Attach Schedule an Repayments total (Attach Sch and of this reporting period (If fina Schedule D - Attach Schedule D)	e B) (**also see debts and loans belowedule F) Il report balance must be zero) Schedule E)	\$ \$	-0- -0- 296.06 40.00 -0- 15.00
Schedule B: EXI Schedule F: Los CASH ON HAND at the e ***UNPAID BILLS (From S**IN KIND CONTRIBUTIO***OUTSTANDING LOAN	penditures total (Attach Schedule an Repayments total (Attach Sch and of this reporting period (If fina Schedule D - Attach Schedule D) DNS (From Schedule E - Attach Sci IS (From Schedule F - Attach Sci	e B) (**also see debts and loans belowedule F)	s s s	-0-
Schedule B: EXI Schedule F: Los CASH ON HAND at the e ***UNPAID BILLS (From S'IN KIND CONTRIBUTIO ***OUTSTANDING LOAN CONSULTANT BREAKE	penditures total (Attach Schedule an Repayments total (Attach Schedule of this reporting period (If final Schedule D - Attach Schedule D) DNS (From Schedule E - Attach Schedule F - Attach Schedule G Attached?)	e B) (**also see debts and loans belowedule F) Il report balance must be zero) Schedule E)	s s s	-0- 15.00
Schedule B: EXI Schedule F: Los Schedule F: Los CASH ON HAND at the e ***UNPAID BILLS (From S'IN KIND CONTRIBUTIO ***OUTSTANDING LOAN CONSULTANT BREAKE CANDIDATE COMMITTE VALUE OF CAMPAIGN	penditures total (Attach Schedule an Repayments total (Attach Schedule of this reporting period (If final Schedule D - Attach Schedule D) DNS (From Schedule E - Attach Schedule F - Attach Schedule G Attached?) EES ONLY: PROPERTY (From Schedule H - Attach Schedule H - Attach Schedule G Attached?)	e B) (**also see debts and loans belowedule F)	\$\$	-0- 15.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(M. Dieseria Committee	
COMMITTEE NAME (Must be same as on Statement of Organization)
GILMOUR FOR ALBERMAN	1
ISILMOUR FOR HUBERIAMI	
97	A A A A A A A A A A A A A A A

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

OWWELCIGI harb	ose by any person othe	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR FUND-
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	RAISER INCOME
: /	ID#	VALLEY BANK		\$ ~7	
131/07	CK#	BANK ACCT. INTEREST	1	.07	
3/28/07	1D# CK#	11		.06	
3/20/07	ID#	K 1)		.06	
143Nm	ID#	k u		.06	
5/31/o	ID#	K (1		.06	
6 lanto	ID#	ıl II		.06	
1/3/10-	ID#	4		.07	
8/31/0	ID#	R 1		.07	
9/12/0	ID#	ELDON TILL 3840 E.465 ST. ANYENDOLT IA 50807		25.00	
9/15/1	10#)7 CK#	DAVENABLT, IA SA807 DONALD STELENS 4908 LORTON DAVENABLT, IA 5880.	2	100.0	
1,1,5,6		JAVEIUFUC: LUIT GOID	SUB-TOTAL	\$125.5	54

TOTAL (if last page of this schedule)

Page _____of ___

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) ALDERMAN

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/21/07	ID# CK#	ELIZABETH HODGES 1707 ELIBST. DAVENDORT, IA 52803 VALLEY BANK BANK ALLT. INTEREST		\$15,00	
9/a/lon 9/a8/on	ID# CK#	BANK ALLT. INTEREST		.06	
	ID# CK#				
	CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#		SUB-TOTAL		

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

NOTE: Debts pro Schedule	ME (Must be same as on Statement of Organization) ME (Must be same as on Statement of Organization) DOWL FOR ALLERMAN eviously reported that remain unpaid must be included on this e, as well as any new obligations incurred in this period. GATIONS REMAINING THIS REPORTING PERIO CLUDE LOANS — SHOW LOANS ON SCHEDULE	F)	An "incurre goods or s received, t end of the regardless has been	INCURRED INDEBTEDNESS HECK THIS BOX AMENDING DRM and debt" is a debt for ervices ordered or but not paid for by the reporting period of whether an involce received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOOD SERVICES PROVIDED PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1/23/07	DALE GILMOUR 3927 FAIRHAVEN CT. DAVENPORT, TA. 52807	P.O. BOX SERVICE FE	İ	40.00
			į	
			SUB-TOTAL	\$40.00
	TOTAL DEBTS OWED BY COMMITTEE A'	THE END OF THIS REPORTI	ING PERIOD	40.00

*If actual figure is unknown, show "estimated" beside the figure.

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for Items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

CHECK THIS BOX IF AMENDING FORM

LOANS RECEIVED & REPAID

(Rev. 07/03)

SCHEDULE

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME(Must be same as on Statement of Organization)

(4) UNOUR FOR ALDERHAN

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 10.00

APT 1. MONETARY LOANS RECEIVED THIS REPORTING PERIOD	ink must be shown if a third party
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PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

			المالية المستوي		
	REPAID	un.			-0-
IR-Kind Contributions	TO CANDIDATE: (If Applicable)				w w w
(Loans forgiven must be reported on Schedule E in-kino Cultibulious)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)				TOTAL CASH REPAYMENTS (PART II) From Schedule E ~ TOTAL LOANS FORGIVEN TOTAL OUTSTANDING LOANS END OF REPORT PERIOD
(Loar	DATE PAID (MM/DD/YR)				TOTAL O
	AMOUNT OF LOAN	5.00			
m if a third party is is.)	RELATIONSHIP TO CANDIDATE				\$5.00
PART I - MONETANY LOANS RECEIVED 1125 N.T. O'MINGO TO A COMPANY OF A CONTINUE DE STOWN If a CONTINUE DE STOWN IF A INVOIVED HOUSE POSSIFICIAL CONTINUES DESCONAL FUNDS.)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	S/AI/OT DAVE GILLLONG SAAT FRICHAVEN CT. SAAT FRICHAVEN CT. SABOT			TOTAL (PART I)
PART I - MON Origi	DATE RECEIVED	D/AI/O			

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Page (for Schedule F)